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CONFIRMATION NO. 3056

SERIAL NUMBER 10/811,825	FILING OR 371(c) DATE 03/30/2004 RULE	CLASS 424	GROUP ART UNIT 1609	ATTORNEY DOCKET NO. 51275/147	
APPLICANTS Theoharis C. Theoharides, Brookline, MA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/08/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Shindan Mackley sm</i> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
ADDRESS 28538					
TITLE Implanted medical devices with anti-inflammatory coatings					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		